

# SAMPLE APPLICATION ONLY



## Veterinary Medical College Application Service (VMCAS)

Username:

Password:

[→ Forgot Your Password?](#)

[→ Create New Account](#)

**HELP**

[→ FAQs](#)

[→ Contact Us](#)

[→ Instructions](#)

### Welcome to AAVMC Application Services.

The Association of American Veterinary Medical Colleges (AAVMC) coordinates the national and international affairs of all veterinary medical colleges in the United States and Canada, 9 departments of veterinary science, 7 departments of comparative medicine, 2 animal medical centers, and 9 international colleges of veterinary medicine. The AAVMC fosters the teaching, research and service activities of its members, both nationally and internationally. The AAVMC (www.aavmc.org) sponsors the Veterinary Medical College Application Service (VMCAS).

The AAVMC's mission is to improve the quality of life for people and animals by advancing veterinary medical education, improving animal health and welfare, strengthening biomedical research, promoting food safety and food security, and enhancing environmental quality.



## Veterinary Medical College Application Service (VMCAS)

### HELP

- [→ FAQs](#)
- [→ Contact Us](#)
- [→ Instructions](#)

## Create New Account

■ - Required Information

### User Information

First name: ■

Last name: ■

Middle name:

Suffix:   
(Jr., II, etc.)

Email: ■   
(If you don't have an email address, please contact VMCAS directly.)

Email Confirmation: ■

### Account Information

Username: ■   
(15 characters max.)

Password: ■   
(Create a unique password that is 6 to 10 characters long consisting of either letters, numbers, '.', '\_', or '!'. Password is case sensitive.)

Confirm Password: ■

# SAMPLE APPLICATION ONLY



Veterinary Medical College Application Service (VMCAS)

TESTTW TESTWYNNE [VMCAS ID: 20131112519]

LOGOUT

## My Tools

MY APPLICATION

MY PROFILE

→ Account Information  
→ Change Password

PRINT APPLICATION

MY MESSAGES

- New Mail [1]

## HELP

→ FAQs

→ Contact Us

→ Instructions

## APPLICATION CHECKLIST

- Incomplete       - Complete  
 - Required       - Conditionally Required

### Applicant Information

- Address Information > ■
- Personal Data > ■
- Background Information > ■
- Personal Statement > ■
- Parent / Guardian > ■

### Academic History

- High School > ■
- Institutions Attended > ■
- Coursework > ■■
- Other / Previous Applications >
- Tests >

### Additional Information

- Experiences (Veterinary, Animal, Employment, Honors and Awards, Community Activities) > ■
- Evaluators > ■
- Explanation Statement >
- College Designations > ■

E-SUBMIT

## STATUS

Your application is  
**In Progress**

→ College Designations  
Mailed: 0  
Not Mailed: 0

→ Evaluations  
Complete: 0  
Incomplete: 0

→ Payments  
Recd. 0 designations  
Not Recd. 0 designations

[Explanation of Statuses](#)

# SAMPLE APPLICATION ONLY

## Application > Address Information

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

### Other Name

List any nicknames or maiden names you may have used on previous academic records.

First Name:

Last Name:

Middle Name:

Suffix:

(Jr., II, etc.)

### Current Mailing Address

Since Month: ■  ▼

Year: ■  ▼

Current Until Month: ■  ▼  
(Estimate if unknown.)

Year: ■  ▼

Street Address Line 1: ■

Street Address Line 2:

City: ■

State: ■  ▼

Zip Code: ■   
(99999-9999, enter "99999" for International Addresses)

Parish or County:

Country: ■  ▼

Other Country:   
(Only if country is not on list provided, otherwise leave blank)

Day Telephone: ■   
(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")

## SAMPLE APPLICATION ONLY

<b>Evening Telephone: ■</b>	<input type="text"/>
<small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")</small>	

<b>Cell Phone:</b>	<input type="text"/>
<small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")</small>	

### Permanent Address

<b>Check if Permanent Address is the same as the Current Address</b>	<input type="checkbox"/>
--	--------------------------

<b>Since Month: ■</b>	<input type="text"/> ▼
-----------------------	------------------------

<b>Year: ■</b>	<input type="text"/> ▼
----------------	------------------------

<b>Street Address Line 1: ■</b>	<input type="text"/>
---------------------------------	----------------------

<b>Street Address Line 2:</b>	<input type="text"/>
-------------------------------	----------------------

<b>City: ■</b>	<input type="text"/>
----------------	----------------------

<b>State: ■</b>	<input type="text"/> ▼
-----------------	------------------------

<b>Zip Code: ■</b>	<input type="text"/>
<small>(99999-9999, enter "99999" for International Addresses)</small>	

<b>Parish or County:</b>	<input type="text"/>
--------------------------	----------------------

<b>Country: ■</b>	<input type="text"/> ▼
-------------------	------------------------

<b>Other Country:</b>	<input type="text"/>
<small>(Only if country is not on list provided, otherwise leave blank)</small>	

<b>Day Telephone: ■</b>	<input type="text"/>
<small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")</small>	

<b>Evening Telephone: ■</b>	<input type="text"/>
<small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")</small>	

<b>Cell Phone:</b>	<input type="text"/>
<small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")</small>	

<b>Preferred Method of Contact: ■</b>	<input type="text"/> ▼
<small>(If you select Cell Phone, please provide a number in the Cell Phone space above.)</small>	

SAVE  PRINT  CANCEL

# SAMPLE APPLICATION ONLY

## Application > Personal Data

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

### Place of Birth

Date of Birth: ■

(MM/DD/YYYY)

Age as of Today:

City of Birth: ■

State of Birth: ■

Parish or County of Birth:

Country of Birth: ■

Country of Birth if not listed above:

(Only if country is not on list provided, leave blank otherwise)

Gender:

### Ethnicity / Race

The following section follows the U.S. Census Bureau guidelines on the collection of demographic data and is optional.

Do you consider yourself to be Hispanic/Latino?

- Yes  
 No

Race (Optional):  
Select one or more of the following racial categories to describe yourself.

- American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White / Middle Eastern

### Citizenship Information

Are you a U.S. Citizen? ■

- Yes  
 No

If you are not a U.S. Citizen, what is your status?

Country of Citizenship:

Country of Citizenship if not listed above:

(Only if country is not on list provided, leave blank otherwise)

## SAMPLE APPLICATION ONLY

Country of Citizenship if not listed above:

(Only if country is not on list provided, leave blank otherwise)

What is your alien registration/Visa number?

City where alien registration/Visa issued?

State:


When was it issued?


(MM/DD/YYYY)

If you are a non-immigrant, what is your Visa type?

(Indicate Visa type held, applied for, or planned)

### State or Province of Legal Residence

State of Legal Residence: 

Length of time you have lived in this state? 

(Years)

(Months)

When did your residency in this state begin?

(MM/DD/YYYY)

### US Military Service

Are you a veteran of U.S. Military Service?

Yes

No

(Please select only one)

If YES, enter Branch:

Length of Service From:

(Month)

(Year)

Length of Service To:

(Month)

(Year)

What type of discharge/separation did you receive?

 SAVE

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 CANCEL



# SAMPLE APPLICATION ONLY

## Application > Background Information

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

Current Student Status? ■ ?

Student Reported GPA: ■ ?

(Example 3.99)

Has there been any interval longer than 3 months during which you were not enrolled as a student or employed? ■ ?

- Yes  
 No

If yes, provide an explanation including the duration and how you spent the time:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Were you ever the recipient of any action (e.g. dismissal, disqualification, suspension, etc.) by any college or university for unacceptable academic performance or conduct violations? ■

- Yes  
 No

If yes, provide a full explanation:

(Please limit text to 2100 characters. Please note that this count includes spaces.)

Have you ever pled nolo contendere (no contest) or been convicted of either a felony or a misdemeanor, other than a minor traffic violation? ■

- Yes  
 No

If yes, provide a full explanation:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Are you a "WICHE" applicant? ■

- Yes  
 No

(See Instructions)

SAVE

PRINT

CANCEL

# SAMPLE APPLICATION ONLY

## Application > Personal Statement

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

For a description of what should be entered in the personal statement, please click on the button labeled "Instructions" at the top of the page.

Personal Statement: ■

(Text must be limited to 5000 characters. Please note that this count includes spaces.)  
(Click Save, and then review the "PRINT APPLICATION" to ensure that the entirety of your statement has been saved.)

 SAVE

 PRINT

 CANCEL

ST



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## Application > Parent / Guardian

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

### Father's Information

Is Father/Guardian Living? ■ ?

If Unknown, please explain:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Last Name:

First Name:

Middle Name:

City:

State:

Zip Code:

(99999-9999, enter "99999" for International Addresses)

Parish or County:

Country:

Telephone:

(Please format telephone number as 999-999-9999 (eg. 202-882-0750). If international, begin with "011-". If phone number is unknown, enter "999-999-9999")

State of Legal Residence:

(Select "not listed/not applicable" if unknown)

Since:

(Enter 01/01/1900 if unknown)

### Mother's Information

Is Mother/Guardian Living? ■ ?

If Unknown, please explain:

(Please limit text to 360 characters. Please note that this count includes spaces.)

Last Name:

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First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
City:	<input type="text"/>
State:	<input style="width: 90%;" type="text"/> ▼
Zip Code:	<input type="text"/> <small>(99999-9999, enter "99999" for International Addresses)</small>
Parish or County:	<input type="text"/>
Country:	<input style="width: 90%;" type="text"/> ▼
Telephone:	<input type="text"/> <small>(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-". If phone number is unknown, enter "999-999-9999")</small>
State of Legal Residence:	<input style="width: 90%;" type="text"/> ▼ <small>(Select "not listed/not applicable" if unknown)</small>
Since:	<input type="text"/> <small>(Enter 01/01/1900 if unknown)</small>

### Application > High School

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

Did you graduate from High School?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, did you complete the GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Graduation:	<input style="width: 40%;" type="text"/> ▼
High School Name:	<input type="text"/>
City:	<input type="text"/>
State:	<input style="width: 90%;" type="text"/> ▼

# SAMPLE APPLICATION ONLY

## Application > Institutions Attended

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

 VIEW LIST

<b>Official Name of School: ■</b>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; color: blue;">(Click here to select colleges from the list)</p>
-----------------------------------	---

<b>Name of School if "INSTITUTION NOT LISTED or FOREIGN":</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
---	---

<b>Is this your primary school? ■ ?</b>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p style="font-size: x-small;">(Only one college can be selected as a primary college)</p>
---	---

<b>Is this your current school? ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
---------------------------------------	---

<b>Attendance Date From: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	
	(Month)	(Year)	

<b>Attendance Date To: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	
	(Month)	(Year)	

### First Degree

<b>First Major for First Degree: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
--	---

<b>Specific Name of First Major if "Other":</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
---	---

<b>Second Major for First Degree: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
---	---

<b>Specific Name of Second Major if "Other":</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
--	---

<b>Minor for First Degree:</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
--------------------------------	---

<b>Specific Name of Minor if "Other":</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
---	---

<b>Degree Name for First Degree: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
--	---

<b>Specific Title or Name of First Degree if "Other":</b>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
---	---

<b>Status of First Degree: ■</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>
----------------------------------	---

<b>Date First Degree earned or anticipated:</b>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	<div style="border: 1px solid black; width: 100%; text-align: right;">▼</div>	
	(Month)	(Year)	

## SAMPLE APPLICATION ONLY

### Second Degree

Major for Second Degree: ■

Specific Name of Second Degree Major if "Other":

Degree Name for Second Degree: ■

(If you do not have a second degree, select "None None".)

Specific Title or Name of Second Degree if "Other":

Status of Second Degree: ■

(If you do not have a second degree, select "No Degree Planned".)

Date Second Degree earned or anticipated:

(Month) (Year)

## COURSEWORK:

### Application > Term Information

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

[VIEW COURSE LIST](#)

Name of Institution: ■ ?

Academic Status: ■ ?

Term: ■

Type of Term: ■

Year the course began: ■

Session Status: ■  Completed  Planned/In Progress

## SAMPLE APPLICATION ONLY

### Course

Course Title: ■

Course Prefix and Number: ■

(e.g. Chem 101)

Course Level Description: ■

VMCAS Course Classification: ■ ?

Grade as it appears on the transcript: ■

[Click here to input grades](#)

Grade using VMCAS conversion table: ■

[Click here for the VMCAS conversion table](#)

Numeric value of VMCAS Grade: ■

None

Number of Credit Hours: ■

Credit hours generally refer to the number of hours per week spent in the classroom—typically 3 or 4. If your institution uses a different system, please contact the registrar's office for conversion to credit hours.

Classification Description: ■ ?

 SAVE

 PRINT

 CANCEL

SAMPLE

## SAMPLE APPLICATION ONLY

Application > Other / Previous Applications

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

If you are currently applying to veterinary medical colleges other than the one(s) you entered in the designations section, enter their codes here.

Application 1:	<input type="text"/>
Application 2:	<input type="text"/>
Application 3:	<input type="text"/>
Application 4:	<input type="text"/>
Application 5:	<input type="text"/>
Application 6:	<input type="text"/>
Application 7:	<input type="text"/>

If you have previously applied to one or more colleges of veterinary medicine, list all entering years for which applications were made.

Year A:	<input type="text"/>
Year B:	<input type="text"/>
Year C:	<input type="text"/>
Year D:	<input type="text"/>
Year E:	<input type="text"/>

 SAVE

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# SAMPLE APPLICATION ONLY

Application > Tests

[INSTRUCTIONS FOR THIS SECTION](#)

Indicate each of the test(s) you have taken and/or plan to take. Be certain to have your official score(s) released to your designated schools.

Application > Unofficial GRE Test

[INSTRUCTIONS FOR THIS SECTION](#)

■ - Required Information

[VIEW LIST](#)

Please read instructions before completing this section.

Planned / Taken: ■	<input type="radio"/> Planned <input type="radio"/> Taken
Date Taken or Planned: ■	<input type="text"/> (MM/DD/YYYY)
Test Name:	<input type="text"/>
Score Type 1:	<input type="text"/>
Score 1:	<input type="text"/>
%Below 1:	<input type="text"/>
Score Type 2:	<input type="text"/>
Score 2:	<input type="text"/>
%Below 2:	<input type="text"/>
Score Type 3:	<input type="text"/>
Score 3:	<input type="text"/>
%Below 3:	<input type="text"/>
Score Type 4:	<input type="text"/>
Score 4:	<input type="text"/>
%Below 4:	<input type="text"/>

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## Application > Experiences

In this section you are to enter any of the following experiences:

- Veterinary ?
- Animal ?
- Employment ?
- Honors and Awards ?
- Community Activities ?

Click here for a chart to understand how to classify specific experiences.

INSTRUCTIONS FOR THIS SECTION

## Application > Veterinary

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

Include paid employment, volunteer, or academic experience, and start with your most recent job. Do not include any experience listed in the Animal or Employment experience sections.

Please note: 'Mixed Animal' only applies to Veterinary Experience, not Animal Experience.

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

Veterinary experience does not apply:

Name of Veterinarian/Scientist:

Clinic or Hospital:

City:

State:

Description of Duties:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number

Did you receive payment for this experience?

- Yes  
 No



## SAMPLE APPLICATION ONLY

<b>Start Date:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	(Month)	(Year)		
<b>End Date:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	(Month)	(Year)		
<b>Average Number of Hours/Week:</b>	<input style="width: 100%;" type="text"/>			
<b>Total Number of Hours over Span of Experience:</b>	<input style="width: 100%;" type="text"/>			
<b>Animal Types:</b> (Check all that apply)	<input type="checkbox"/> Small <input type="checkbox"/> Food Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed Animal <input type="checkbox"/> Research <input type="checkbox"/> Zoo Animal/Wildlife <input type="checkbox"/> Exotic/Avian: <input type="checkbox"/> Other Specify if Other: <input style="width: 100%;" type="text"/>			

### Application > Animal

■ - Required Information

VIEW LIST

INSTRUCTIONS FOR THIS SECTION

**Include paid employment, volunteer, or academic experience, and start with your most recent job. Do not include any experience listed in the Veterinary or Employment sections.**

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

<b>Animal experience does not apply:</b>	<input type="checkbox"/>
<b>Type of Experience:</b>	<input style="width: 100%;" type="text"/>

## SAMPLE APPLICATION ONLY

City:

State:

Description of Duties:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number:

Did you receive payment for this experience?

- Yes  
 No

Start Date:    
(Month) (Year)

End Date:    
(Month) (Year)

Average Number of Hours/Week:

Total Number of Hours over Span of Experience:

Animal Types:  
(Check all that apply)

- Small  
 Food Animal  
 Equine  
 Research  
 Zoo Animal/Wildlife  
 Exotic/Avian:  
 Other

Specify if Other:

 SAVE

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# SAMPLE APPLICATION ONLY

## Application > Employment

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

VIEW LIST

Include paid employment starting with your most recent job. Do not include any experience listed in Veterinary or Animal Experience sections.

	Was the work related to animals?		Was the work supervised by a health professional?	
	Yes	No	Yes	No
Veterinary Experience	X		X	
Animal Experience	X			X
Employment History		X	Not applicable	Not applicable

Employment experience does not apply:

Name of Company:

City:

State:

Description of Duties:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Contact phone number:

Did you receive payment for this experience?

Yes  
 No

Start Date:

(Month)  (Year)

End Date:

(Month)  (Year)

Average Number of Hours/Week:

Total Number of Hours over Span of Experience:

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# SAMPLE APPLICATION ONLY

## Application > Honors and Awards

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

 VIEW LIST

List and describe honors and awards you have received. Include granting organization and date received.

Honors/Awards received does not apply:

Name of Honor/Award:

Brief Description:

(Please limit text to 480 characters. Please note that this count includes spaces.)

Received Date:

(Month)

(Year)

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Start Date:

(Month)

(Year)

End Date:

(Month)

(Year)

 SAVE

 PRINT

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SAMPLE

# SAMPLE APPLICATION ONLY

Application > Evaluator

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

### An important note regarding AOL:

VMCAS is experiencing difficulty with AOL accepting the automated Evaluation Request email. If your Evaluator uses AOL as his/her e-mail address, PLEASE confirm that they received the e-mail from VMCAS Messenger. You may need to use an alternate e-mail address or have the evaluator check their spam filter.

LOR Type: ■

- Electronic  
 Other

(Contact VMCAS prior to selecting Other)

Waiver: ■

- Yes  
 No

- If yes, I hereby waive my right of access to the applicant evaluation provided by the evaluator named below.
- If no, I do not waive my right of access to the applicant evaluation provided by the evaluator named below. He or she should be made aware that I retain my right of access and that the confidentiality of the evaluation is not guaranteed.

Title: ■

(Dr., Mr., Ms., ...)

Evaluator First Name: ■

Evaluator Middle Name:

Evaluator Last Name: ■

Evaluator Occupation: ■

Institution, Practice, Place of Business: ■

Street Address Line 1: ■ ?

Street Address Line 2:

City: ■

State: ■

ZIP or Postal Code: ■

(99999-9999, enter "99999" for International Addresses)

Daytime Telephone: ■

(Please format telephone number as 999-999-9999 (eg. 202-682-0750). If international, begin with "011-")

## SAMPLE APPLICATION ONLY

Evaluator Email: ?

Email Confirmation:

(Once you have registered an evaluator, you cannot make any additional changes to the evaluator information. Be sure your salutations (Dr., Ms., Mr.,) and email addresses are correct.)

 SAVE

 PRINT

 CANCEL

### Application > Explanation Statement

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

#### Explanation Statement

For a description of what should be entered into the explanation sheet, click on the button labeled "Instructions" at the top of the page.

Explanation Statement:

(Text must be limited to 2000 characters. Please note that this count includes spaces.)  
Use the explanation statement to record information that could not be listed within the web application. For further information click on the instructions.

 SAVE

 PRINT

 CANCEL



# SAMPLE APPLICATION ONLY

Application > College Designations

  UPDATE DESIGNATIONS

FEE SCHEDULE

INSTRUCTIONS FOR THIS SECTION

Application > College Designations

FEE SCHEDULE

INSTRUCTIONS FOR THIS SECTION

 SAVE

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Select	School Name	Deadline 1:00 PM Eastern Time
<input type="checkbox"/>	Auburn University	Tuesday 10/02/2012
<input type="checkbox"/>	Colorado State University	Tuesday 10/02/2012
<input type="checkbox"/>	Cornell University	Tuesday 10/02/2012
<input type="checkbox"/>	Iowa State University	Tuesday 10/02/2012
<input type="checkbox"/>	Kansas State University	Tuesday 10/02/2012
<input type="checkbox"/>	Louisiana State University	Tuesday 10/02/2012
<input type="checkbox"/>	Massey University	Tuesday 10/02/2012
<input type="checkbox"/>	Michigan State University	Tuesday 10/02/2012

Once an applicant completes the application, they will hit “e-submit”. The following are screenshots from the submission process of the application leading up to the payment page:

## Advisor Release

Some institutions in the U.S. have advisors to guide students in the graduate admissions process. These advisors are often interested in the admission outcomes of their students. If you went to an undergraduate institution in the U.S. and worked with an undergraduate advisor, you can opt to have your application information included in aggregate reports that are sent to the advisors. No applicant-specific information will be made available. Please indicate if permission is granted below.

Yes  No

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# SAMPLE APPLICATION ONLY

## Application > Final Reminders

■ - Required Information

INSTRUCTIONS FOR THIS SECTION

I have read and understand the AAVMC Privacy Policy ? ■  
([http://www.aavmc.org/data/files/students\\_advisors/aavmcprivacypolicy.pdf](http://www.aavmc.org/data/files/students_advisors/aavmcprivacypolicy.pdf))



I have registered three evaluators in the eLOR section. I understand that I must at least register three evaluators in the eLOR section. ■



I understand that VMCAS requires all electronic evaluations. I understand that it is my responsibility to check with school sites to verify evaluation requirements. ■



I understand that for electronic evaluations, I will need to verify that my evaluators' emails are correct and that they have received the email request once I have created them in the system. ■



I understand that I will need to send transcripts, test scores, supplemental applications and supplemental fees (if applicable) directly to all my designated colleges prior to the deadline. ■



I understand that VMCAS does not provide refunds under any circumstances. This includes accidentally choosing the wrong school or missing the deadline. I understand that by sending payment to VMCAS, I am signaling my intent for VMCAS to process my materials, regardless of whether they are completed or not. ■



I understand that once I e-submit my application, I cannot make any changes to my information other than my contact information. ■



I have reviewed the college specific requirements which includes the following: ■



### Veterinary School Websites

I understand that I will need to record and provide my VMCAS ID whenever contacting VMCAS for questions or concerns. In addition, if paying by check/money order, I will need to ensure that my VMCAS ID is clearly written and provided with the payment. ■



### Application Certification:

I certify that all the information and statements I have provided in this application are correct and complete, including any statement regarding my state of residence. I certify that, as required in the application, I have read all application instructions, identified all sources of information related to my college attendance and credits, all actions by a university or other institution, and all information of any criminal record in any jurisdiction. I have read and understand all notices contained within the application and the VMCAS Web page informing me of my obligation to provide true and complete answers to all questions. I understand that withholding pertinent information requested on this application, or giving false information, may be grounds to deny me admission to a veterinary college participating in VMCAS or may be grounds to expel me from such college after I have been admitted. I have read and understand the VMCAS Application Deadline Policy and the VMCAS Refund Policy. ■



I give my permission to officials at all institutions that I have attended to release information requested by any college of veterinary medicine to which I have applied. ■



SAVE

PRINT

CANCEL



# SAMPLE APPLICATION ONLY

## Application > Payment

UPDATE DESIGNATIONS

[FEE SCHEDULE](#)

[INSTRUCTIONS FOR THIS SECTION](#)

VMCAS no longer accepts checks as payment for applications. If you are unable to pay by credit card, please call VMCAS: 202-682-0750.

The list below shows the schools you have designated.  
Any schools whose application deadline has expired have been removed from your list of designations.  
Please review this page carefully before submitting your payment information.

Scroll down to review the fee policy, then choose a method of payment.

School Name	Deadline (1.00 PM EST)	Delete
	10/02/2012	
Designations		1
Fees		\$150

### VMCAS Application Fee Policy

The fee for using the VMCAS application is based on a graduated scale that varies according to the number of programs you designate to receive your VMCAS application. Application materials will not be processed until your payment is received. VMCAS application fees are non-refundable. VMCAS does not issue refunds for incomplete/withdrawn applications or missed deadlines.

I have read and understand the VMCAS Application Fee Policy.

**NOTE:** VMCAS no longer accepts checks for payment of your application. If you cannot pay using a credit card, please call VMCAS: 202-682-0750

[Pay By Credit Card](#)

## Application > Credit Card Payment

■ - Required Information

[INSTRUCTIONS FOR THIS SECTION](#)

**PLEASE NOTE:** Once you pay for, and submit your VMCAS application, you will **ONLY** be able to change evaluations and college designations up until the deadline. Demographic information (address, phone number, etc.) must be sent to each school directly.

Card Type: ■	<input type="text"/>
Exact Name on Card: ■	<input type="text"/>
Card Number: ■	<input type="text"/> <small>(only use numbers, no dashes or spaces)</small>
Expiration Month: ■	<input type="text"/>
Expiration Year: ■	<input type="text"/>
Street: ■	<input type="text"/>
City: ■	<input type="text"/>
State: ■	<input type="text"/>
Zip: ■	<input type="text"/>
Designations:	1
Total Fee:	\$150

It may take several seconds to process this transaction after you click the "Submit" button below.

Once completed, print your receipt for your records. This is proof that you have paid your application fee in full.

[X CLOSE](#) [SUBMIT](#) [PRINT](#)